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UCSF NEWS

Breast Cancer Surgery: Radical or Conservative?

The debate in medical circles about the treatment of breast cancer is no longer a secret to women, thanks to articles in women's magazines, television talk programs, and women's emerging insistence on having more control over their own bodies.

Today, women with suspected breast cancer are seeking alternative treatments to the radical mastectomy and can cite leading authorities on breast cancer who are advocating less radical procedures. They want to be cured but they do not want to suffer any more deformity from the operation than absolutely necessary, especially since *survival rates in patients who have had a radical operation are not significantly different from those in patients who have had a partial mastectomy.*

The radical mastectomy

The operation known as radical mastectomy was first outlined in 1890 by William S. Halsted, a Baltimore surgeon, in a paper he presented before the American Surgical Association. Since then this operation has been preferred by most surgeons throughout the world. It is very radical: it not only results in the loss of the breast (mastectomy) but the skin, fascia, and muscle of the chest as well. It can cause conspicuous chest deformity and, in a third of the cases, severe lymphedema (swelling) of the arm. Small wonder women seek to avoid this deformity! Fear of the operation is believed to be a deterrent to women's seeking early treatment.

But breast cancer is a formidable disease. It kills 25,000 American women every year. And despite improved diagnostic techniques and public education instructing women in self-examination of their breasts, the death rate has remained essentially constant since 1930. The Halsted radical operation was designed to cure a terrible disease and this called for heroic measures. Its record for cure is excellent: an 85 percent five-year survival rate among patients with Stage I (early cancer) disease.

Why is the radical used?

But why does the radical need to be so radical? The crux of the matter lies in the fact that to effect a cure the surgeon must remove not only the cancerous lump but also any possible spread of cancer cells to near-by lymph nodes or to other parts of the body. This spread is called metastases. He would be happy if there were any guarantees that the cancer was confined to the single lump, but there are no guarantees. Since three-fourths of the lymphatic drainage of the breast extends into the lymph nodes under the arm (axilla), and since cancer cells tend to spread to this area, removal of the breast *and* the axillary nodes is called for. The Halsted radical operation goes even further and calls for the removal of the pectoral (chest) muscle.

Treatment for more advanced tumors in which the cancer is known to have already metastasized calls for different treatment.

Yet, ever since surgeons have been treating breast cancer they have been looking for less destructive methods, and studies of equal success using less radical procedures continued to be reported through the years. In the 1950's investigators were impressed with the results of Dr. Robert McWhirter in Edinburgh who used simple mastectomy and X-ray treatment. In 1965, Dr. George Crile, Jr. of the Cleveland Clinic reported a study showing that partial mastectomy in carefully selected cases of Stage I cancers resulted in survival rates no different than those claimed for radical mastectomy. And since 1948, when David Patey of London reported his experience with the "modified radical" showing no statistical difference in 5-year survival rates between it and the Halsted

operation, many surgeons began to advocate the less destructive approach.

Modification in surgery at UCSF

The trend toward using the modified radical operation became policy at UCSF after the arrival on the campus in 1964 of Dr. J. Englebert Dunphy, Professor and Chairman of the Department of Surgery. A world authority on tissue healing, his research and clinical experience motivated him to use a technique for the treatment of breast cancer that would result in the least deformity. His personal choice of treatment for 15 years has been the modified radical.

Dr. Dunphy says that although the modified radical operation has been slow to gain general acceptance in the U.S., it had been employed by many surgeons even before Halsted introduced his radical procedure.

What is the difference between the two? Dr. Dunphy explains that the modified radical offers a satisfactory compromise to the Halsted radical; it allows the surgeon to explore and remove the axillary nodes but it does not sacrifice the chest muscle. "The real advantage of leaving the muscle is that it is easier on the patient, wound healing is promoted, there is less shock and blood loss, and the final cosmetic result is decidedly superior," says Dr. Dunphy.

Why not do a simple mastectomy or mere local excision of the lump ("lumpectomy")? Dr. Dunphy states that the modified radical offers better insurance that the patient will not have a recurrence of the cancer in the axilla, which would require a second operation.

Dr. Dunphy stresses that up to the present time there has been no carefully controlled clinical study which has shown any advantage of the radical mastectomy over lesser operations, but that such studies are extremely important in order to assess different modes of treatment. But even with such studies, unequivocal answers to the control of breast cancer will not be forthcoming because of the impossibility of knowing *before* treatment the biological nature of a particular cancer in a particular patient—how the cells will behave. "Apples are being compared with oranges," says Dr. Dunphy. "Some cancers, even though discovered and treated very early, may spread rapidly throughout the patient's body. Other cancers may be very slow-growing and, once removed, never return. Then there are some patients with a large tumor and widespread involvement at the time of treatment who remain well and without recurrence of their cancer for 20 or 30 years."

A look at the future

The breast cancer controversy is far from being settled, but the trend toward more conservative treatment is already here. The pendulum has swung from three-quarters of a century of almost exclusive use of the Halsted radical to more trials of lumpectomy or simple mastectomy for selected cases of early small tumors.

What is so hopeful is that the new diagnostic methods such as thermography and mammography now offer women the opportunity for early diagnosis and thus a greater chance for cure with less deformity.

What of the future? Dr. Dunphy predicts:

- The "radical" to be used only occasionally—for the patient with a large, extensive and locally invasive tumor. *Early diagnosis should make this a rarity.*
- The "modified" radical for the average early cancer of the breast.
- No operation for those who already have distant metastases; they will be treated with non-operative methods.
- Simple mastectomy for the aged, poor-risk patient.
- Local excision (lumpectomy) or simple mastectomy for the very early, very tiny lesion.

Joan Spiegelhalter

Students installing cabinetry and plumbing in the mobile dental clinic, which features the most up-to-date equipment in attractive colors of robin-egg-blue and beige. The cabinetry was designed by Dr. Kenneth G. Soelberg and students Hank Blom, Jack Ciardelli, Doug Gilio, Ken Hastings, Greg Psaltis, and Ralph Zotovich. They volunteered their labor on weekends to ready the bus, which embarked for Yugoslavia from Long Beach May 31.

Dr. Featherstone Dies During Sabbatical

Dr. Robert Marion Featherstone died May 28th in Switzerland, where he had spent the past year on a sabbatical. He was working at the University of Geneva on a project associated with underwater physiology and space physiology. This was an extension of his research studies utilizing xenon and cyclopropane as tools in elucidating the biological, chemical, and physical mechanisms by which anesthesia can be produced.

A native of Anderson, Indiana, Dr. Featherstone received his doctorate in biochemistry from the University of Iowa. He was later appointed Professor of Pharmacology, there. In 1957 he was named Professor and Chairman of the Department of Pharmacology at UCSF. He resigned the chairmanship in December 1972 to devote more time to teaching and research.

During his tenure at UCSF, Dr. Featherstone worked with many campus committees, as well as national and international groups. Among the honors accorded him was a medal on behalf of the Scientific Council of the Institute of Pharmacology of the Academy of Medical Sciences of the Soviet Union. The medal was presented to Dr. Featherstone at the conclusion of the Fifth International Congress of Pharmacology. Dr. Featherstone directed all preparations for the six-day meeting in 1972 which was attended by more than 4000 delegates from all countries.

A past President of the American Society for Pharmacology and Experimental Therapeutics, Dr. Featherstone's membership in other professional societies included the Western Pharmacology Society, of which he was a Charter Member and a past President; the Underseas Medical Society; the Biophysical Society; and the American Chemical Society. He was also a Fellow of the Royal Society of Medicine (England) and an Affiliate Member of the American Medical Association.

Dr. Featherstone counted music among his hobbies and played in local chamber music groups as a violinist or a violist.

Surviving Dr. Featherstone are his wife, Joyce, and four children . . . David, Jean, James, and Judith. Memorial services were held June 6 in Hillsborough.

Mobile Dental Clinic to Yugoslavia

Next July, a three-chair dental clinic housed in a General Motors bus will arrive in Split, Yugoslavia, to provide free dental care to the children of the town and surrounding areas.

The privately financed mobile clinic in the USSR's satellite country represents an expansion of an international project started in 1971 by Dr. Marvin B. Stark, along with Drs. Ronald J. Nicholson and Kenneth G. Soelberg—all of the faculty of UCSF. Other mobile clinics have already been established in Greece and Israel where, during their summer vacations, volunteer faculty and students from UCSF and from other dental schools in the U.S. travel to give much needed dental care to children who desperately need it, most of whom have never before owned a toothbrush.

The fully equipped dental operatory, staffed by faculty and students from the School of Dentistry of the University of California, San Francisco, will offer X-ray examinations and complete restorative dental care as well as prophylaxis, fluoride treatment and instruction in preventive dental care.

American dentists and dental students have, in this activity, become good-will ambassadors through caring for children and through scientific and cultural exchange. Hundreds of Arab, Greek, and Israeli children have already benefited, and their parents' gratitude has been unbounded.

Experience for this project was gained from the highly successful program in the Middle East known as Operation Chalutz (meaning "pioneering spirit" in Hebrew) and, before that, from the mobile dentistry

project of treating children of migrant farm workers in California that has been operating for eight years. Both projects were conceived and headed by Dr. Stark.

Dr. Stark became aware of the great need for dental care in Greece and Israel during a 1970 lecture tour in the Middle East. He decided to do something about it and founded the Marvin S. Stark Research Foundation to help raise funds. In 1971 a fully equipped mobile clinic was shipped to Israel; in 1972 another went to Greece and yet another to the Israeli-occupied Gaza Strip. American students who participated express intense appreciation for the experience of treating Arab and Israeli children under the same roof and sharing in the mutual good will this generated between the grateful parents.

The buses were donated as outright gifts to Greece and Israel and operate year-round. After American students and faculty supervisors depart at summer's end, the clinics are administered by dental faculty of the Universities of Athens and Tel Aviv.

The new dental project in Yugoslavia resulted from a visit Dr. Stark had with the Mayor of Split. Soon the program was being coordinated with the President of the Health Institute of Split, Dr. Miroslav Madirazza, who has agreed to house and board the American students who will treat the children this summer. Most will pay their own passage for this opportunity to gain valuable clinical experience and to make friends with people of a different culture.

In the latest communication from Yugoslavia, Dr. Madirazza writes: "Our health institute greatly appreciates the gift, and with this, expresses its deep gratitude and it is thanking all the persons taking part in this magnanimous gift."

Much of the money raised for the Yugoslavia project comes from donations from U.S. citizens of Yugoslavian descent now residing in California.

Reflecting on the experience gained from Operation Chalutz, Dr. Stark remarked: "There is no better way to promote friendship and understanding between people of other countries than by treating their children."

Dr. Stark says that plans are now materializing that will extend international dentistry to Nairobi, Africa, in 1975.

"We want to bring dental care to those who need it," says Dr. Stark. "We also want to inspire hope and trust in Americans among the peoples of the world—not by reason of our wealth and power, but by our example among men."

Joan Spiegelhalter

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Dual Degree Program

UCSF and the University of California at Berkeley have joined in a program to train a new breed of physician . . . one who views health care as it relates not only to the individual patient but to the community in which the patient lives.

The concurrent degree program is being conducted by the UC School of Public Health (Berkeley-San Francisco) and by the School of Medicine (San Francisco). It allows the student to earn both an M.D. and an M.P.H. (Master of Public Health) degree in the same amount of time usually required for the M.D. alone.

Although this new venture formally begins with the Fall, 1974, semester, the first UCSF student to complete the required courses, Reginald Gipson, was permitted to receive his M.D. and M.P.H. degrees at the June commencement. Dr. Gipson, a black student leader, is now beginning a Family Practice internship at San Francisco General Hospital to prepare himself for an urban health career.

Some six to eight students are expected to enroll in the M.D.-M.P.H. program this fall. These candidates must be third or fourth year medical students who have demonstrated an interest in social medicine. They will be expected to spend a minimum of three quarters full-time in the School of Public Health, including at least two full quarters at Berkeley.

In the past, the medical student seeking both M.D. and M.P.H. degrees had to spend nine months at a School of Public Health in addition to the approximately four years of studies needed for the M.D. Because credits for a number of the same courses can be applied toward either of these degrees, it was possible for UC to offer medical students an opportunity to earn both without the added investment in time and money.

The new program follows a pattern established in other academic fields. It is possible, for example, to earn concurrent degrees from UC in law and business administration; or in pharmacy and toxicology. Also, the School of Medicine is planning another concurrent professional and graduate degree program with UC Berkeley in medicine and anthropology.

Administering the concurrent M.D.-M.P.H. program are the Graduate Deans of the Berkeley and San Francisco campuses. The students' programs will be guided by a joint faculty committee appointed by the Graduate Deans on each participating campus.

Dr. Harold A. Harper, Dean of the Graduate Division, UCSF, points out: "We are seeing increasing numbers of medical students who want to work more closely with people in planning for better health care. This is one vehicle whereby they can fulfill this aspiration."

Dr. David Werdeger, UCSF Associate Professor of Ambulatory and Community Medicine, who took a 1969 sabattical to earn his own M.P.H. at UC Berkeley, describes the new program as an opportunity for the medical student interested in environmental health to "blend the best of two worlds."

Graduate students in the School of Public Health at Berkeley include a wide spectrum of professionals: nurses, dentists, educators, social workers and many others, he explains. They are in search of knowledge and expertise in such areas as preventive health care, epidemiology, and public health administration, and community health care planning. Dr. Werdeger adds: "The M.D.-M.P.H. program can give physicians a broader view of health care in which he relates not only to the individual patient or family unit, but to his patients within the context of a total community or population group. Without this kind of perspective, a physician may treat a child with a rat bite, or a patient with dysentery while losing sight of environmental conditions that caused these problems in the first place."

Claire Wray

Baby Teeth Are Important

What can mothers do to protect their children's first set of teeth from decay and gum infection? "A great deal," says Dr. Samuel J. Wycoff, Chairman and Associate Professor of Preventive Dentistry and Community Health at UCSF.

"Preventive care should start in infancy," says Dr. Wycoff. "Baby teeth (deciduous) which begin to erupt around the age of six months, might be subject to decay if the baby bottle is used as a pacifier . . . that is, if baby uses it for long-time sucking, and especially if he goes to sleep sucking. It is not the sucking that is harmful; rather, it is the sugar in the milk or fruit juices. Sugar sticks to the teeth and, if not removed, forms an acid that causes decay."

RULES

1. Live, if possible, in a community having a fluoridated water supply. If not, fluoride dentifrices, applications, and mouthwashes can help ward off decay.
2. Do not allow baby to fall asleep sucking on a bottle containing sweetened water, orange juice, or other fruit juices.
3. Restrict gummy candies, raisins, dates, peanut-butter and jelly—all foods that stick to the teeth.
4. Don't allow child to sleep with chewing gum in his mouth; buy only sugarless gum.
5. Rinse the child's mouth or brush his teeth after sweet snacks, using a soft toothbrush, until he can be taught to brush his own teeth.
6. Take the child to the dentist by at least age three.

It is highly important to preserve baby teeth, not only for proper chewing until all permanent teeth have erupted—about age 12—but because they help the permanent teeth to come in straight.

SAFETY AND HEALTH

Safety and Health Protection on the Job
at the University of California, San Francisco.

The University seeks your help to prevent or correct unsafe or unhealthy conditions. The University strives to maintain an environment for its students, academic appointees, staff personnel, and visitors that will not adversely affect their health nor subject them to avoidable risk of accidental injury. Therefore, if you have a suggestion or complaint in this regard, please notify your immediate supervisor, instructor, or obtain the assistance of the campus Environmental Health and Safety Office (Ext. 1300). By doing so, your comments will receive immediate attention in the interests of correcting deficiencies in the most beneficial and expeditious manner. You are encouraged to help UCSF in this endeavor and share in the pride of preserving our greatest resource. If you wish, you may remain anonymous.

Francis A. Sooy, M.D.
Chancellor

Seguridad y Proteccion de la Salud en el Trabajo
en la Universidad de California, San Francisco

La Universidad busca su colaboration para prevenir o corregir condiciones peligrosas o malsanas. La Universidad se esfuerza por mantener un sano ambiente para sus estudiantes, designados academicos, personal en general y visitantes, para que no los afecte adversamente en su salud ni los someta a riesgos de accidentes que los perjudique, si se pueden evitar. Por tanto, si usted tiene alguna sugerencia o quejpa a este respecto, por favor notifique a su supervisor o instructor immediato, o bien obtenga la asistencia de la oficina de seguridad y salud ambiental de este recinto universitario, (Campus Environmental Health and Safety Office), extension telefonica 1300. Procediendo de esta manera, sus comentarios recibiran pronta atencion, dado el interest que tenemos de corregir deficiencias en la forma mas beneficiosa y expeditiva. Le instamos a que colabore con UCSF en el logro de este estfuerzo y comparta con nosotros el orgullo de conservar nuestro mayor recurso. So asi usted lo desea, su nombre permanecera anonimo.

Francis A. Sooy, M.D.
Chancellor

The above statement is posted throughout the campus, along with a printed notice which contains full information for employers and employees concerning the California Occupational Safety and Health Act of 1973. The information appears in both English and Spanish.

The State Agriculture and Services Agency of California is responsible for the administration of the California Occupational Safety and Health Act of 1973: Enforcement of the Act is the responsibility of the Division of Industrial Safety within the Department of Industrial Relations.

To assure compliance with safety and health requirements, the State Division of Industrial Safety conducts periodic job-site inspections. An authorized representative of the employer and a representative of employees may be given the opportunity to accompany the safety engineers on the job-site inspection.

Every employee has the right to notify the Division of Industrial Safety about unsafe or unhealthful conditions which are believed to exist at a job-site. An employee may not be discharged or discriminated against for filing complaints concerning unsafe working conditions or work practices in a place of employment or otherwise exercising rights granted under the Act.

For detailed information and a listing of Regional, District, and Field Offices read the yellow and blue posters which have been placed on bulletin boards and in departments campus-wide.

The multi-colored umbrella against a blue background identifies the Office of Environmental Health and Safety at UCSF and is worn by their employees.

Dental Educators Visit UCSF

Dental Educators from southwest Alaska visited recently at UCSF to learn the latest in preventive dentistry. Dr. Samuel J. Wycoff, Chairman of the Division of Preventive Dentistry at UCSF's School of Dentistry, and members of the staff responded to a request from the Yukon-Kuskokwim Health Corporation and arranged a program for the five Eskimo visitors. Lectures and field visits to UCSF community dental clinics were included during the week-long program.

Said Dr. Wycoff: "We felt honored that our Division was asked to undertake this very interesting responsibility to help these dedicated Eskimos who are doing such an important job in solving the dental needs of their people."

The Dental Educators are part of a team of Eskimo health workers trained to minister to their people who live in isolated villages, remote from hospitals, physicians, and dentists. Each village, averaging about 200 people, has a Health Aide, appointed by the village council. The Dental Educators, however, are responsible for the dental needs of several villages. Severe weather conditions make roads impassable and, in case of an emergency, health workers must communicate with the hospital in Bethel by radio and minister to the patient by carrying out instructions given by the health professional. The only means of transporting a patient to the hospital is by airplane.

The Dental Educators are Robert Aloysius, Angela Buster, Albert Foster, Rita Joseph, and Harry Mike. Accompanying the group was the dentist who trained them, Dr. Edward F. Miller, Dental Consultant to the Yukon-Kuskokwim Health Corporation. This corporation was formed in 1969 under a Health Rights Grant from the Office of Economic Opportunity to improve the health care of villagers living in this vast area, which has the highest density of villages in outlying Alaska.

Dr. Miller said that since the advent of white man's food to village stores, tooth decay and gum disease are now as prevalent among Eskimos as they are in our society. Since a professional dentist visits a village just once a year, the Dental Educators' emphasis on preventive care is extremely important. They instruct children in their schools about the cause of decay and gum disease—bacterial plaque—and demonstrate how to remove it by proper brushing and flossing.

Dr. Wycoff remarked that the educators are quite sophisticated in their knowledge and also employ the use of fluoride to retard decay. Angela Buster's job is to apply fluoride every three months to the teeth of 1200 of the 2,500 children living in the Bethel area.

Dr. Wycoff said the visitors were particularly interested in learning about other methods of using fluoride, such as rinses, and how to detect the early signs of gum disease and oral cancer so as to recommend early treatment. They were anxious to learn more about common cold-induced afflictions such as middle-ear infections and aphthous ulcers of the lips, a condition similar to fever blisters. They were also impressed with their visits to community dental clinics and what the Chicanos have done to organize medical and dental care for the needy in their own neighborhoods. They would like some of their own people to gain access to professional education in the health sciences. Robert Aloysius pointed out that among the 50,000 Eskimos in Alaska, there are no Eskimo dentists or physicians and only a few professionally trained nurses.

Joan Spiegelhalter

Juan Sainz

Dental health educators from Alaska visiting the UCSF School of Dentistry recently were: (lower step) Dr. Edward F. Miller andHarry Mike; (2nd step) Angela Buster and Rita Joseph; (3rd step) Albert Foster, Dr. Samuel Wycoff, and Robert Aloysius.

Causes of Accidental Death

A study of the causes of 425 accidental deaths in San Francisco confirms earlier reports, locally and nationally, that the greatest risk of violent death occurs in the younger, productive age group.

The study was made by Dr. Donald D. Trunkey, UCSF Assistant Professor of Surgery and Director of the SFGH Burn Unit, and Dr. Robert C. Lim, Associate Professor of Surgery and Chief of the SFGH Emergency Service (Mission Emergency).

Autopsies, performed at the City morgue, revealed that 252, or 59.2 percent of the 425 persons fatally injured were under age 50. There were 285 men and 140 women. Causes of death included all kinds of accidents and complications from injuries. Of the 425 fatalities, 270 were found dead at the scene of the accident. Of these, 111, or 41.1 percent had blood alcohol levels of more than 0.1 percent and were considered intoxicated. An additional 26 patients, or 9.6 percent had detectable blood alcohol levels. The autopsies also revealed that 12 patients had significant barbiturate/opium derivative levels.

Of the patients who reached a hospital before dying, 141 were taken to SFGH. (Overall, during 1972, the year of the study, the mortality rate among 4,850 trauma admissions to SFGH was only 2.9 percent.)

However, according to this study, of the 155 victims taken to *any* hospital alive, there were eight cases (5.1 percent) in which death could have been prevented by improvement of one of the three components of the emergency health care system. This refers to (1) prompt reporting of the accident; (2) fast transportation of the victim in a well equipped ambulance by persons with expertise in emergency care; and (3) highest quality of care in the emergency department and hospital.

These factors, in turn, point up the importance of well-organized, efficient regional emergency systems in urban areas.

A significant finding of the study was that many deaths are caused by head injuries incurred in auto accidents. Another was the fact that persons with the best chance of being saved in an improved system are those who now die of bleeding.

Drs. Lim and Trunkey suggest that irreversible brain injuries might be avoided at present if auto passengers were to wear protective head gear, and autos were equipped with protective padding. They also point out that "the high incidence of death in patients with significant blood levels, barbiturates, and opium derivatives indicates the need to review and redefine our laws on this subject." *Claire Wray*

Heart Test Made Easier

As a result of a UCSF School of Nursing research project conducted two years ago, children who undergo heart catheterization at Moffitt Hospital today can tolerate very well—or even gain mastery of—a procedure which could carry a high potential for fear and panic for a child.

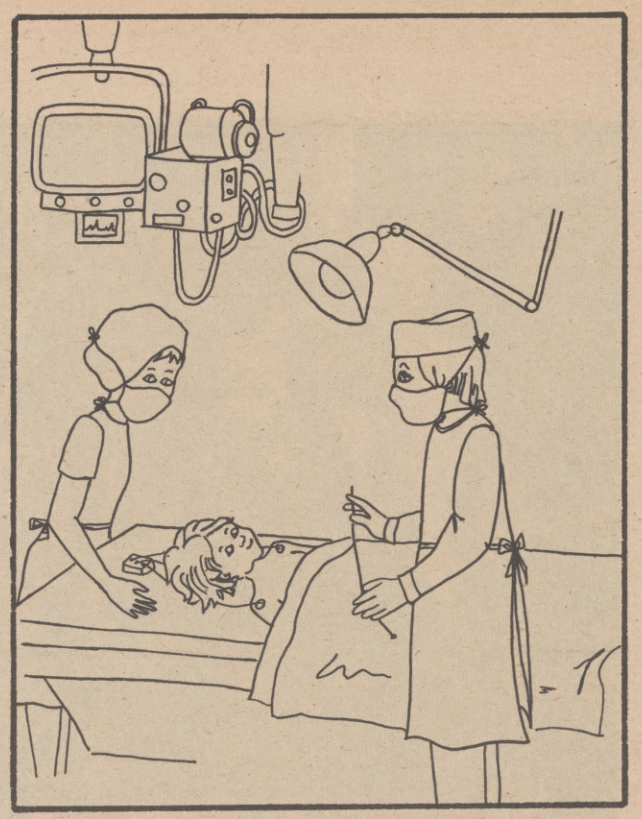
Mrs. Mary Tesler, Lecturer in the School of Nursing, says: "Our study demonstrated that those children who were carefully prepared *before* the heart test were more relaxed and cooperative than those not prepared. Spending time with the child and his family in rehearsing with him what will take place lessens fears of the unknown and helps him practice mentally how he will handle the experience."

So successful was the project, which was a joint effort of the School of Nursing, the Nursing Service, and the Cardiovascular Research Institute (CVRI), that the CVRI decided to retain two specially trained nurses as a permanent part of their Pediatric Cardiac Cath Team. Now, nurses Shane Smith and Jackie Stewart conduct the "dress rehearsal" with the children, remain with them during the test, and counsel them afterwards.

Heart catheterization is an extremely valuable test for the diagnosis of heart defects and diseases—or for ruling out disease, as in many cases of heart murmur. The test, without proper preparation, can be frightening for anyone, adult or child. It is especially frightening for a child, who, because of his limited experience, has difficulty understanding what is happening.

Let's say that Billy, five years old, is wheeled into the Pediatric Cath Lab that is full of equipment—EKG machine, X-ray cameras, and a television set suspended overhead. He is surrounded by people wearing masks. Amid strange clicking noises and strange smells (alcohol, powder on the surgeon's gloves) he must lie bound to a hard metal table for three or more hours while the doctor threads a tiny plastic tube (the size of a spaghetti) through a vein or artery in his groin up into his heart. A liquid dye is flushed through the tube into the heart and blood vessels where it shows up on the X-rays as a contrast material, thus allowing the physician to view the outlines of the different chambers of the heart. When this liquid reaches his heart, Billy's chest will feel hot—for about 30 seconds. While X-ray pictures are being taken, Billy must lie perfectly still for 15 seconds at a time.

To offset this potentially fearsome experience for Billy, his nurse at UCSF will spend several hours with him and his parents the day he enters Moffitt Hospital, playing with him while explaining each step of the test and what to expect. With a doll and a syringe she will show him where he will receive the "shot" that will numb the area where the "spaghetti noodle" will enter his artery. She will explain the pictures in his attractively illustrated coloring book and take him to view the Cath Lab where he will have the test the following day. He smells the alcohol swabs and the "funny" odor that comes from the surgical gloves the doctors will wear; he sees the table and the restraints that will hold his arms and legs; he and his parents' questions will be answered. Then the nurse and Billy plan how they will count together during the 30 seconds that the heat sensation lasts. And one positive thing he can anticipate: all the lollipops he wants while the test is going on.



This is a picture of the Cardiac Cath Lab as it will look when you are having your test. The nurse and doctor are wearing caps and masks so that everything will stay very clean. When the test is finished the doctor will know what is wrong with your heart and how to make it better.

When Billy goes home he will carry with him his special souvenir kit, containing many objects used during the actual test, with which he can re-enact his experience. Prominent in it will be his special memento and record entitled "My Heart Test Coloring Book."

The research that resulted in such positive benefits to children undergoing heart catheterization was relatively inexpensive. The original grant was made by the School of Nursing Research Fund. It reflects Nursing's continuing search to improve patient care and to lessen the emotional trauma that might result when a child is hospitalized.

A video tape of an actual heart test has been made for teaching purposes by Carol Hardgrove, Assistant Clinical Professor of Nursing at UCSF.

Other nursing staff involved in the project were Shane Smith (who designed the coloring book), Christine Campbell, and Christine Czarniak Du Mais.

Joan Spiegelhalter

An oil painting entitled ***Joseph Moore and His Family,*** *painted by Erastus Salisbury F eld (1805-1900), which is among the items shown at the M.H. de Young Memorial Museum.*

CALIFORNIA PALACE OF THE LEGION OF HONOR

At the California Palace of the Legion of Honor, Lincoln Park, summer exhibits include Bonnard Drawings; Paintings by George Tooker; Paintings by William Allan; Metal Sculpture by William Clark; and Monotypes by Joe Zierker. The selections from the Norton Simon Collection (Three Centuries of French Art) continues through the month of August.

Organ concerts are held each Saturday and Sunday at 4:00 p.m., admission free.

M.H. DE YOUNG MEMORIAL MUSEUM

Summer classes for adults, teens, and children will be held from July 1st through August 14th. Both daytime and evening courses are scheduled in a complete program of art courses. Registration may be made at the Museum or by mail. Call the Museum at 558-3109 for complete information.

Current exhibits at the M.H. de Young Memorial Museum in Golden Gate Park include three Special Exhibits: The Flowering of American Folk Art 1776-1876; Levi's Denim Art; and Selections from the Museum's Textile Collection. The Folk Art continues through September 15 and the other two exhibits through September 9.

Summer concerts in the Hearst Court of the Museum will feature the San Francisco Chamber Orchestra on July 14 and July 30 at 7:00 p.m. The conductor is Edgar Braun, with John Gosling of the North Carolina Symphony as guest conductor July 14.

One of more than 50 garments in the Levi's Denim Art show is Bill Shire's decorated jacket. It was selected from a nationwide competition for the exhibit at the de Young Museum and won the First Award.

Communities

Hospitality for Foreign Visitors

Many foreign visitors to the Bay Area know the friendliness and help given by the International Hospitality Center of the Bay Area (IHC), whose purpose is "to promote friendship between Americans and people from other parts of the world." A network of these Centers throughout the United States coöperates in providing services for those whose travels in the United States take them from one city to another.

Executive Director of the San Francisco IHC is Mrs. John V. Galgiani. During the past eight years her graciousness and enthusiasm has been reflected in the courtesies extended to thousands of visitors in San Francisco.

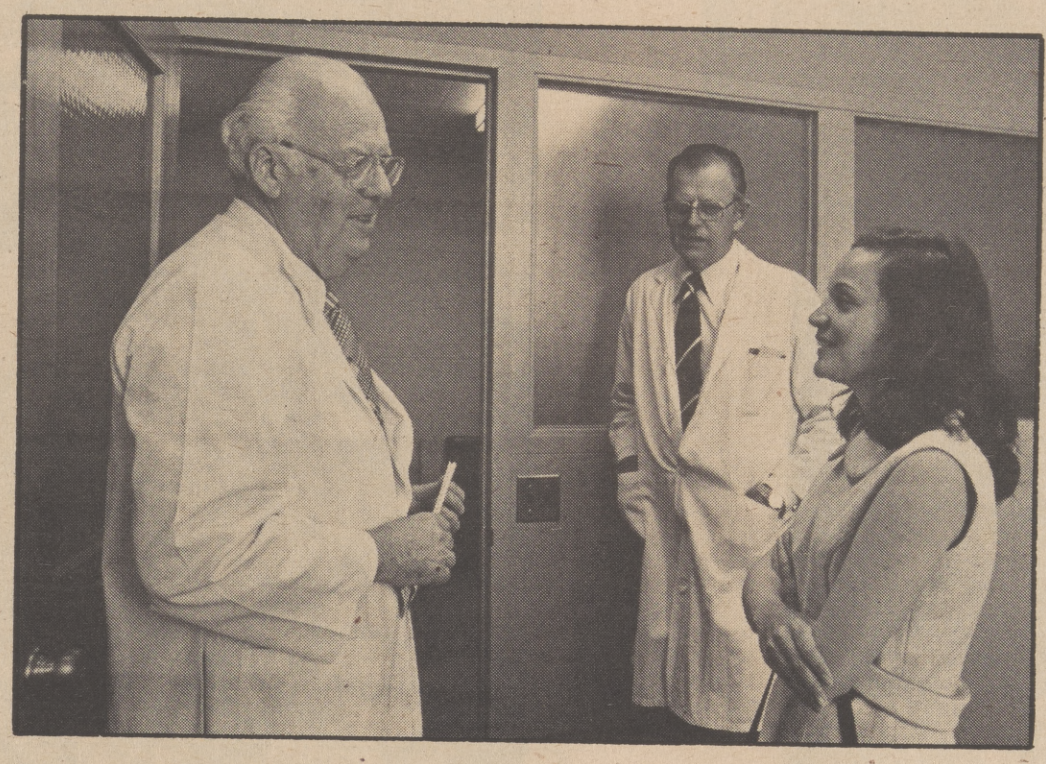
"We are always looking for more volunteers," explains Mrs. Galgiani as she describes the many ways in which Bay Area residents participate in the program. "There are many families, single people, retired people and students who act as sightseeing guides or translators, or who open their home to those visiting from abroad." Children, she noted, are a marvelous bridge to better understanding between foreign visitors and their hosts in this country.

The IHC assists any foreign visitor who applies in person at the Center located at 50 Grant Avenue, but the majority are sponsored visitors for whom arrangements are made in advance. Among the sponsor and referral agencies who utilize the hospitality program are the U.S. Department of State; other Federal, State, and local government agencies; members of the San Francisco Consular Corps; the Asia Foundation; Banks and Business firms; the Institute of International Education; Labor Unions; Universities and Colleges.

A recent visitor to the UCSF campus, Dr. Lidia Nosrati-far, was referred to the School of Dentistry by the Center. Dr. Nosrati-far's husband, Fereydoun Nosrati-far, is the recipient of an Eisenhower Fellowship. Each Fellow in this program is invited to bring his wife with him for several months. The Eisenhower Fellowships, established in 1953 to honor President Dwight D. Eisenhower, are given to individuals in foreign countries who have demonstrated leadership achievement in their respective countries and professions. The Fellowships provide four to five months of professional consultations, visits, seminars, field trips, and on-the-job assignments in all parts of the United States. The IHC works with other organizations to help these Fellows to achieve the purpose of the program, which is to meet their counterparts and leaders in the United States.

Eisenhower Fellows thus acquire broad experience that can be applied to developments in their own countries, and have the opportunity to understand the United States, its people and institutions, its accomplishments and aspirations.

While Dr. Nosrati-far's husband, an economist and Deputy to the Assistant Prime Minister of Iran, meets Americans concerned with economics and government, she visits dental clinics, hospitals, and manufacturers of dental equipment to learn about the latest advances in her profession. In her native Iran, Dr. Nosrati-far practices dentistry several days each week. The rest of her time is spent with her husband and their three young children.



Photos by Tom Walters

Dr. Charles D. Hemphill, Associate Clinical Professor of Prosthodontics (left) and Dr. Lidia Nosrati-far discussed the areas in the School of Dentistry she wished to see. Dr. Arthur Lundblad, Assistant Dean for Administration (center) coordinated the Iranian visitor's UCSF tour with Mrs. John Galgiani, Executive Director of International Hospitality Center.

Mrs. Galgiani says that summertime brings an increased number of visitors, especially students for whom there is a special program which may include overnight hospitality for two or three days with an American family.

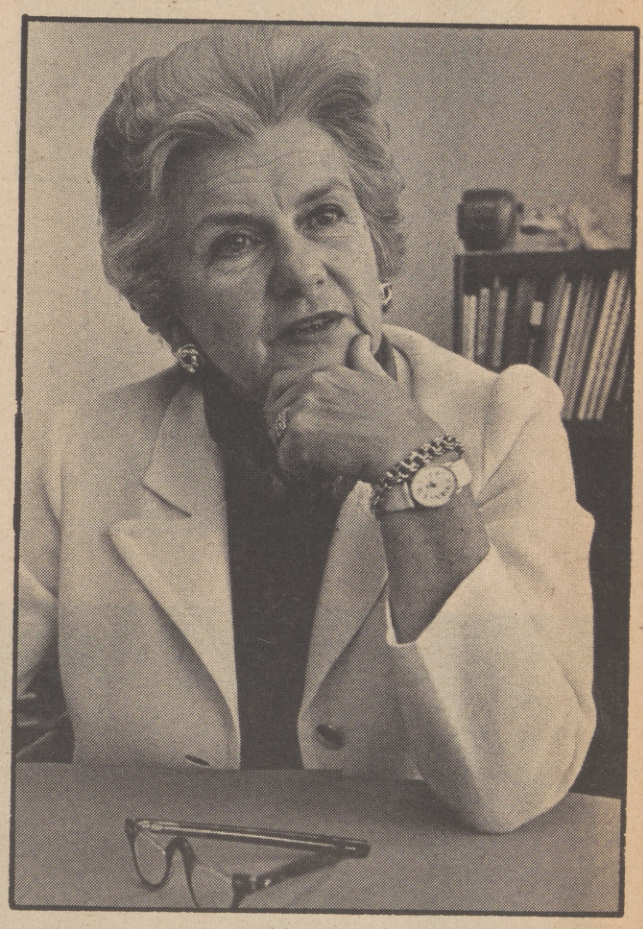
The International Hospitality Center of the Bay Area was established in December, 1952. The number of visitors who receive services provided by the Center has grown steadily over the years. In 1973, for example, the total was 4847 people, and they represented almost every country in the world. The IHC is privately financed and the principal source of money are the two kinds of memberships available . . . Individual and Corporate.

A native Californian, Mrs. Galgiani is a graduate of Stanford University. Her late husband, a physician, practiced in San Francisco. Her two sons are residents of the Bay Area; John is a physician and Phillip is a professional photographer. Her daughter, Mrs. Bruce Douglass, lives in Tapei, Taiwan.

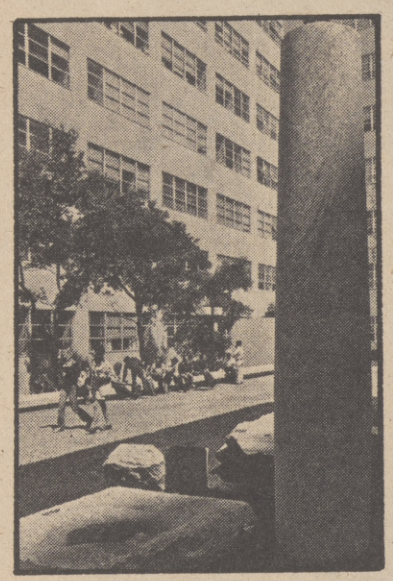
In addition to her IHC activities, Mrs. Galgiani is also a member of other civic groups, among them the San Francisco Museum of Art and the San Francisco Planning and Urban Renewal Association.

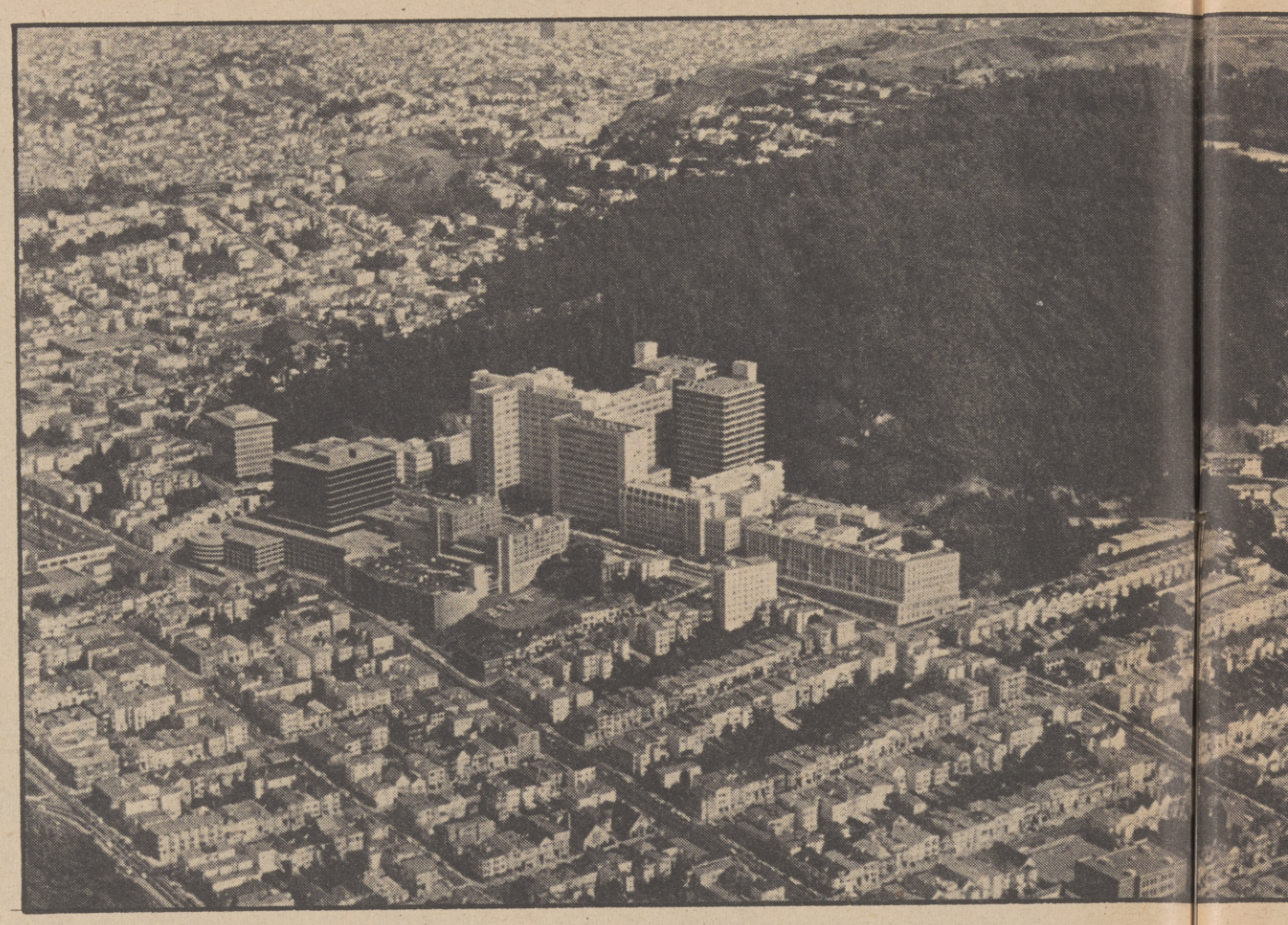
Anyone wishing more information about participation in the IHC programs is invited to telephone 986-1388.

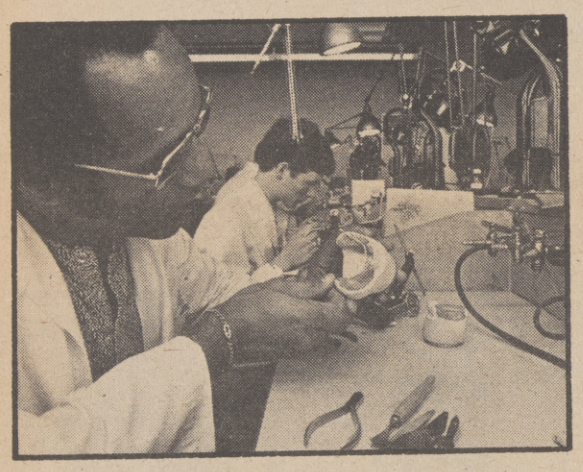
RC



Mrs. John V. Galgiani, Executive Director of International Hospitality Center who has helped extend courtesies to thousands of foreign visitors in San Francisco.



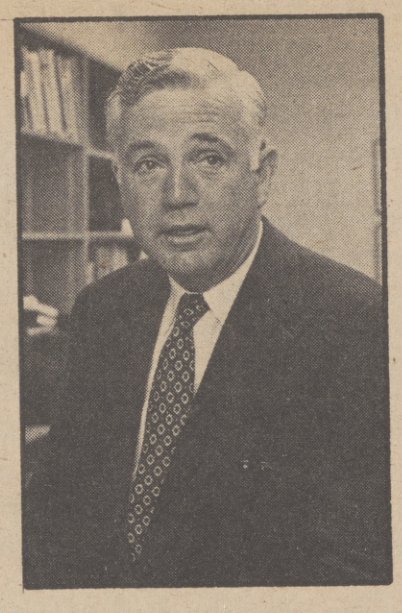


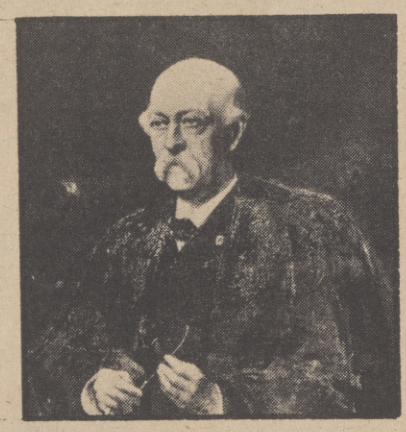


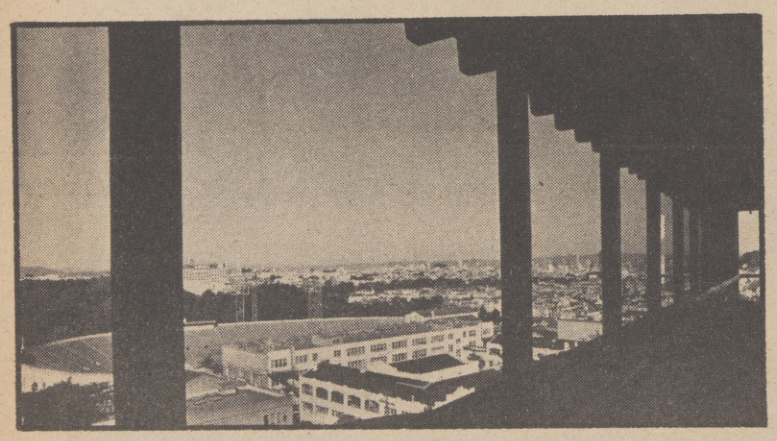
UCSF GRADUATES 1974

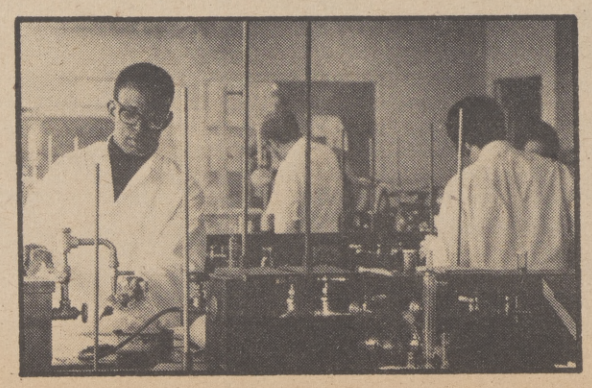
The UCSF students who graduate this month will carry with them memories of sadness and joy, of faces and places . . . a vignette from the classroom, a hospital corridor or from the dozens of other areas their studies have taken them.

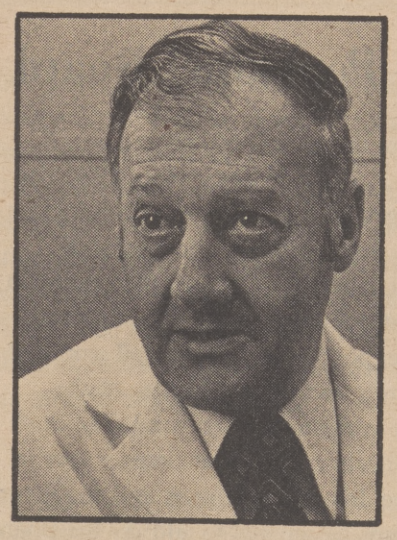
Each graduate has earned a degree or credential that places her or him in the health professions to administer patient care, to conquer disease through research, or to teach future professionals in dentistry, medicine, nursing, pharmacy, and allied sciences.

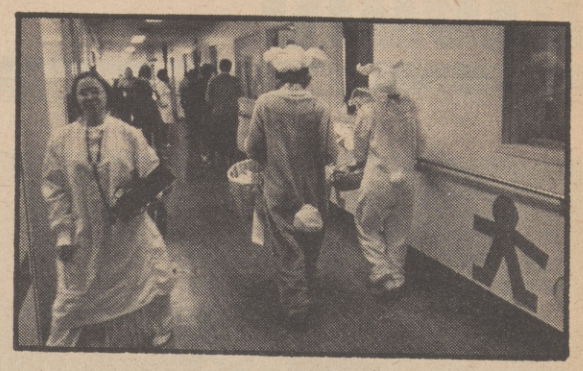


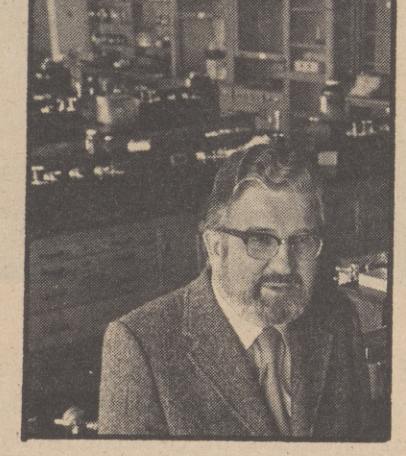


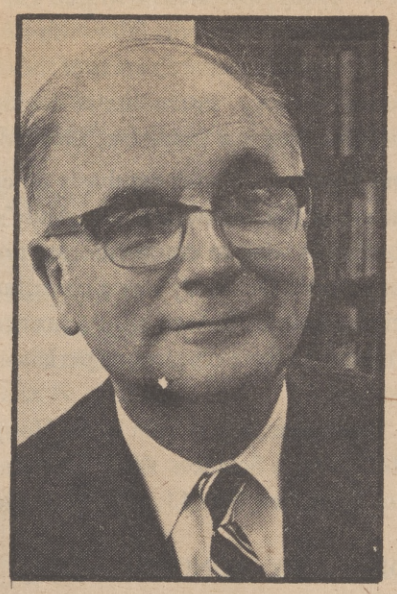


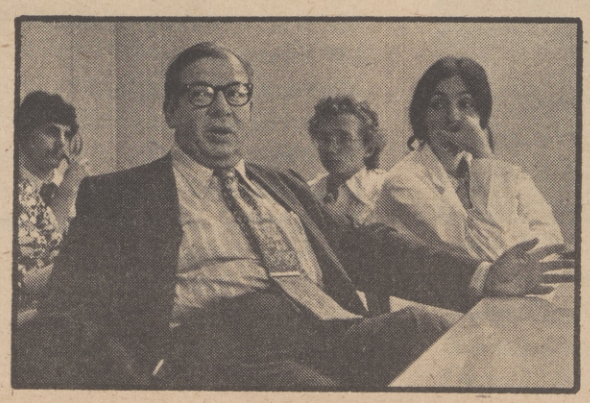


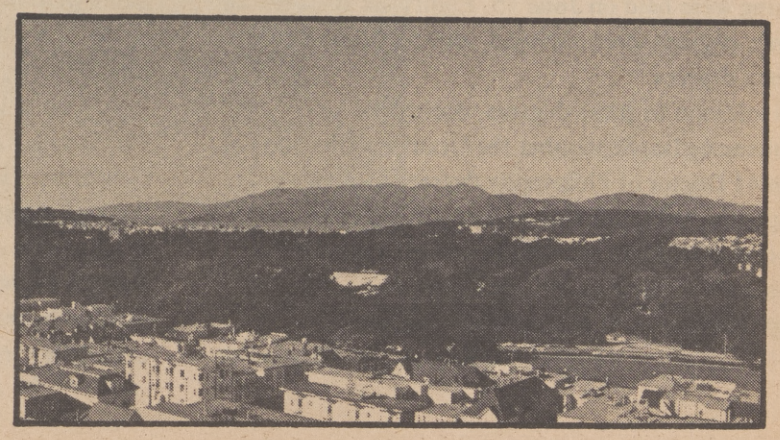




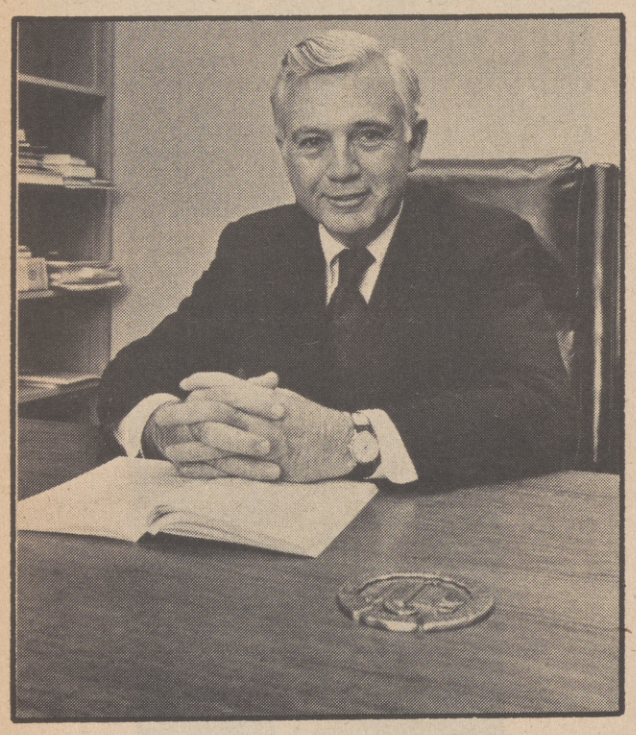








Memo



The month of June, each year, represents the successful culmination of efforts of several hundred students in our professional schools, the Graduate Division, and the allied health programs to complete the rigorous training in health education specialties they have chosen. In the beginning, each one competed successfully with at least five other applicants in order to gain a place in our program. Now, they have earned and are entitled to the degrees that are granted at each of the Commencement ceremonies held during this month.

It is exciting and deeply satisfying to me and to the administrators and faculty of the Schools to see these young people capped, gowned, and hooded, each celebrating his or her great day, and to see the proud families whose support has been such an important factor. Mothers, fathers, wives, husbands, and even children applaud *their* graduate as he or she walks across the stage and receives the symbolic certificate. It is indeed a warm and happy occasion.

The first ceremony was held by the School of Pharmacy on June 1, when 84 Doctor of Pharmacy degrees were granted.

The School of Medicine held its Commencement on June 8, granting 136 Doctor of Medicine degrees.

The School of Dentistry also held its Commencement on June 8, granting 80 Doctor of Dental Surgery degrees and 23 Bachelor of Science degrees in Dental Hygiene.

Commencement ceremonies for the School of Nursing were held on June 15. Eighty-six Bachelor of Science degrees were awarded, and 50 Master of Science degrees.

In addition to these degrees, during the year commencing last September the Graduate Division has given 41 Doctor of Philosophy degrees to students completing arduous years of study in a number of different disciplines within the several schools.

To each of these graduates I give my congratulations and my very best wishes.

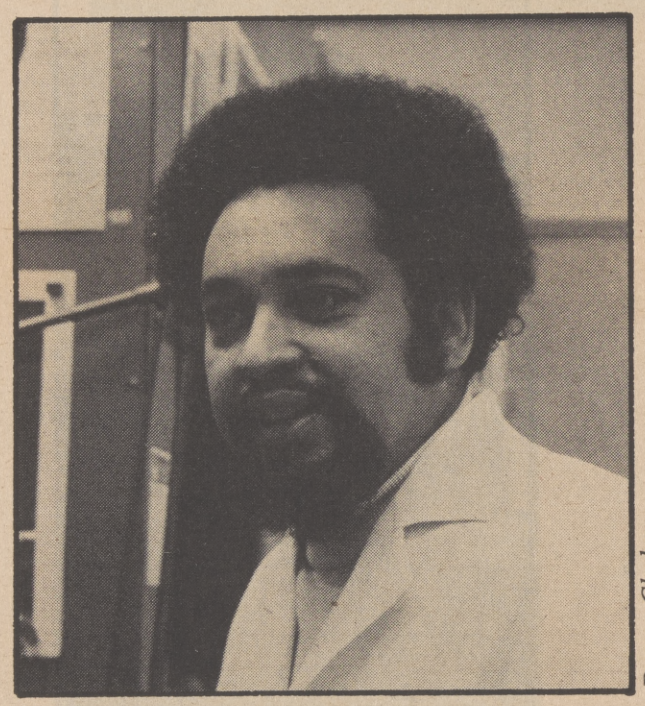
Francis A. Sooy, M.D., Chancellor

On Campus

UC Staff Personnel Board

The Staff Personnel Board was established by UC President Charles J. Hitch in December, 1970. Its members are charged with advising the President on personnel policies and practices affecting staff employees of the University. Through the operation of the Board it is intended that the quality and administration of personnel policies governing staff employees of the nine campuses and other facilities of the University shall be consistently improved. The Staff Personnel Board meets at least four times a year in open session on the different campuses and employees and employee groups are invited to address the Board and attend the sessions.

Thoughtful and innovative representation on behalf of UCSF has been provided through Mr. Freeman Bradley, Specialist in Cardiovascular Research. He has been an advocate for employee rights and for improving, updating, and revising antiquated staff policies and practices. He initiated the development



Donna Chaban

Mr. Freeman Bradley, Personnel Board representative for the San Francisco Campus.

of personal exchange between the Staff Personnel Board members and campus employees. This has given Board members the opportunity to learn directly about problems which employees experience in the University System.

Mr. Bradley has also helped to clarify and to increase understanding of how the University System works. Often stated policies and actual practices differ widely.

A founding member of the Black Caucus at UCSF, Mr. Bradley continues to be active on its Steering Committee. He was appointed a Charter Member to the Staff Personnel Board in 1970. His appointment on the Board is due to expire on August 30, 1974, and the San Francisco campus will lose a sensitive and skillful representative to this important University activity if Mr. Bradley's appointment is not extended.

AMA Award to Medical School

The UCSF School of Medicine is the recipient of $7500 given by the American Medical Association's Education and Research Foundation (AMA-ERF). Presentation of the check was made by Dr. Brad Cohn, President of the San Francisco Medical Society, to Dr. Julius Krevans, Dean of the School of Medicine.

The San Francisco award was part of more than $70,000 given to eight medical schools in California by AMA-ERF.

During the past 14 years, United States medical schools have received about $15 million in contributions from the nation's physicians and their wives, donated through AMA-ERF. The money is used at the school's discretion to expand postgraduate educational programs as well as to educate future doctors and to develop new teaching facilities.

Dr. J. R. Audy Fellowship

The Dr. J. Ralph Audy Student Fellowship Fund has been established in the Hooper Foundation in memory of Dr. Audy, who died on March 19, 1974. The fund will be used to support fellowships for students on this campus in research areas of the Hooper's interests: human ecology, international health, infectious diseases, tropical medicine, medical anthropology, and genetics, all with emphasis on epidemiology. By means of this fellowship, Dr. Audy's friends and colleagues wish to commemorate now and into the future both Dr. Audy's own contributions to medical science and his fervent efforts to encourage and assist students to have research experience early in their careers.

Donations may be sent to the Hooper Foundation, 1605 Health Sciences West, University of California San Francisco, 94143; Attention Memorial Fund.

DR. AUDY DONORS

Mr. C. Alfredo Artiga
Mrs. J. Ralph Audy & Helen Audy
Dr. & Mrs. H. Glenn Bell
Mr. & Mrs. Joseph R. Bisho
Dr. & Mrs. Edwin G. Bovill, Sr.
Dr. & Mrs. Edwin G. Bovill, Jr.
Dr. M. Margaret Clark
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Dr. & Mrs. William O. Reinhardt
Dr. Albert Rudnick
UCSF School of Nursing, Pooled Faculty Fund
Dr. R. Bhagwan Singh
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Dr. James H. Thompson
Dr. & Mrs. Robert Traub
Dr. Hazel Gim Wallace
Dr. H. Henry Weisengreen
Dr. & Mrs. John S. Wellington
Mr. & Mrs. Charles F. Wilson
Mr. & Mrs. Roderick N. Wilson

HONORS

Dr. Julius H. Comroe, Jr., Morris Herzstein Professor of Biology and Professor of Physiology, received the 1974 award of the Association of Chairmen of Departments of Physiology for "outstanding contributions to the teaching of physiology"; the 1974 Carl J. Wiggers Award for "significant contributions toward an understanding of the circulation in health and disease"; and the 1974 Trudeau Medal of the American Lung Association. Dr. Comroe resigned recently as Director of the Cardiovascular Research Institute at UCSF, considered one of the most outstanding centers in the United States for research related to heart disease, lung function, and blood circulation.

Dr. Ernest Kun, Professor of Biochemistry and a Senior Staff Member of the Cardiovascular Research Institute, received the Humboldt Award from the Alexander Humboldt Foundation in Germany. The purpose of this newly-established award is to strengthen scientific ties between the United States and Germany by inviting U.S. professors to teach and do research in German universities. Dr. Kun will conduct research at the University of Freiburg for six months beginning June, 1974.

Dr. Ilza Veith, Professor and Vice-Chairman of the History of Health Sciences was recently made a Member of the Board of Governors of the Sir William Osler Society of America and a Member of the Council of the American Association of the History of Medicine.

NEWS NOTES AWARDS ELECTIONS

Send your items to Rita Carroll, Editor, UCSF NEWS, 1487 Fourth Avenue.

SPORTS

PAL Champions

The Southern Division Spring League Championship game was won by the UCSF Police Department's PAL Sunset baseball team. They defeated Potrero Hill at Sweeney Field, Balboa Park with a final score of 11-9.

It was an exciting victory for the Sunset team which was trailing 9-2 at the top of the sixth inning. With only two chances at bat remaining, they scored 9 times to take and keep the lead. Sunset pitcher, Matt Pengel, then shut out Potrero for the final two innings to lock up the title.

After the game, coach Bert Aceret of the Sunset team said: "This, again, was a total team effort as it has been all year. Every player contributes. We in the Police Department are proud of our team, not only for winning the championship but more importantly, because of the way the players conduct themselves . . . both on and off the field."

At the award session held in Millberry's Steninger Gymnasium, each member of the Sunset Team received an individual PAL Championship trophy. Lieutenant Reno Piccinini and Officer Bert Aceret presented the trophies.

Most Valuable Player Award from the PAL was given to John Healey, who also received the UCSF Police Department's Most Valuable Player Award. John played shortstop, led the team in hitting and R.B.I.'s, and pitched two winning games.

Matt Pengel was given the UCSF Police Department Pitching Award for his outstanding performance on the mound, winning three games. Barry Rurpinsky received the Hitting Award for his .380 batting average and clutch hitting.

The Champion Sunset Team (left to right, back row) Coach Bert Aceret, C. Cooke, J. Healey, D. Anderson, B. Purpinsky, T. McCormick, Lieutenant Reno Piccinini; (middle) D. Won, D. Tappen, M. Pengel, T. Watson, P. Sass, Coach Louise Won; (front) K. Priss, D. Aceret (Equipment Manager), J. Fazio.

Auxiliary

Photogravure Print Sale

An exhibition of photogravure prints, entitled NORTH AMERICAN INDIANS, will open Sunday, June 30 in the Guy S. Millberry Union with a reception. The prints are from a 20-volume publication printed by Harvard University Press and Plimpton Press. Engraving was done by John Andrew and Son, Boston, Massachusetts and the Suffolk Engraving Co., Cambridge, Massachusetts.

The original photographs were the work of Edward Sheriff Curtis who devoted his career to make a record of . . . "every phase of Indian life of all tribes yet in a primitive condition . . ."

His photographic project was encouraged first by C. Hart Merriam and George Bird Grinnell and later by President Theodore Roosevelt. He received financial backing from John Pierpoint Morgan.

Edward S. Curtis was born near Whitewater, Wisconsin in 1868 and died on October 21, 1952, in Los Angeles.

The prints are from the collection of Mr. Vincent Cobalis. He and his wife will be present at the reception which starts at 2:00 p.m. in Guy S. Millberry Union.

The exhibit is cosponsored by the Artists Equity Center of San Francisco and UCSF Guy S. Millberry Union Program Department. It is part of a cross-country tour of Curtis prints selected for sale and exhibit.

TABLE NEEDED

The Auxiliary Office is in need of a table. Anyone who would like to donate one 6 x 9 or larger is encouraged to telephone 666-4906 or 666-1196.

Tom Walters

Mrs. Kay Audy starts her third term as President of the UC Hospitals Auxiliary. A substantial increase in funds for patient needs has marked each year of her tenure.

Third Term for Auxiliary President

Mrs. J. Ralph Audy, who was elected recently to a third term as president of the UC Hospitals Auxiliary, is the first to have achieved this recognition. A founding member of the Auxiliary in 1960, she was first elected its president in 1972. Under her dynamic leadership, each year since has seen a substantial increase in funds raised for patient needs and hospital improvements.

Following the summer vacation recess, Kay Audy will preside over the first meeting of the new fiscal year on Wednesday, Sept. 11. She will outline goals for the coming months, including plans for completion of the Moffitt Hospital Meditation Room project, plans for the membership drive, the holiday season event honoring the hospital's volunteers, and for the second annual Musical Evening in Spring 1975, starring talented UCSF faculty members.

In a message to Auxiliary members and friends, Mrs. Audy reported that the Auxiliary is now settled in its new quarters at 1332 Third Avenue. "Now that we have our own home on campus we feel more than ever a part of the University community," she said.

Kay Audy extended thanks to retiring officers and members of the board and a welcome to new officers and directors. She expressed deep personal gratitude for the many tributes and memorial gifts for her husband, Dr. Audy, whose death in March was mourned by the campus community and colleagues worldwide. Memorial gifts for Dr. Audy, director of the UCSF Hooper Foundation since 1959, are acknowledged on this page.

Before Dr. Audy came to the UCSF campus, the family lived for several years in Malaysia where he earned international acclaim for his work in control of tropical disease. British-born Kay Audy had served as a Royal Navy Nurse during World War II. Their daughter, Helen, is currently a student in England.

A Firefighter Volunteers

"You have only one life to live. Why not spend it doing the things you like best," says Paul Wallace who, most of all, likes helping people.

It was this philosophy that led Wallace to give up a job selling auto parts and become a firefighter in 1966, and also to sign up as a UC Hospitals Volunteer in 1972.

This native San Franciscan, the youthful looking father of five daughters ages 12 to 27, is assigned to the rescue squad of the Federal firehouse on Treasure Island. The squad performs firefighting duty on the island and offshore, as well as underwater search and rescue, and is available to respond to auto accidents on the Bay Bridge.

Wallace's schedule of 24 hours on and 24 hours off duty, with three consecutive days off every other week, has allowed him time to give nearly 800 hours at the Medical Center. After serving for a time in various departments, he asked for an opportunity to volunteer in the Moffitt Hospital Emergency Room, where he felt he could make the best use of his skills.

Paul Wallace, of the Treasure Island Firehouse rescue squad, has given nearly 800 hours of volunteer service in the Moffitt Hospital Emergency Room.

He usually works there from 5 to 9 p.m., but when an emergency case is brought in toward the end of his volunteer shift, he stays as long as he is needed.

This "special" volunteer cheerfully performs any duty asked of him from delivering blood specimens to the laboratory . . . to escorting patients to the nursing units . . . to serving as an aide in the emergency room treatment. Every time he volunteers, he learns something new to augment the knowledge he has gained in rescue work as a firefighter.

Now Paul Wallace is impatiently waiting to add another new dimension to his career. He's on the waiting list for the popular EMT (Emergency Medical Technician) training course offered by the Community College District, because, as he puts it: "No amount of medical skill will save the patient if we don't get him to the hospital alive."

Claire Wray

Meditation Room Fund

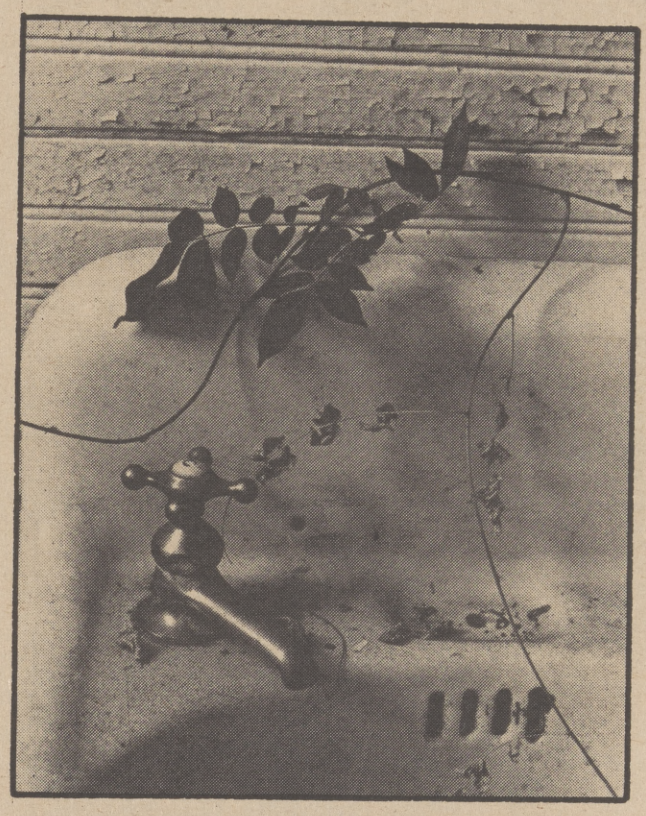
Over $8,000 has been received from donors to the Meditation Room fund. Space has been allocated in Moffitt Hospital and it is hoped that the Meditation Room will be completed by Fall of this year. A committee will be formed to consider color schemes and appointments.

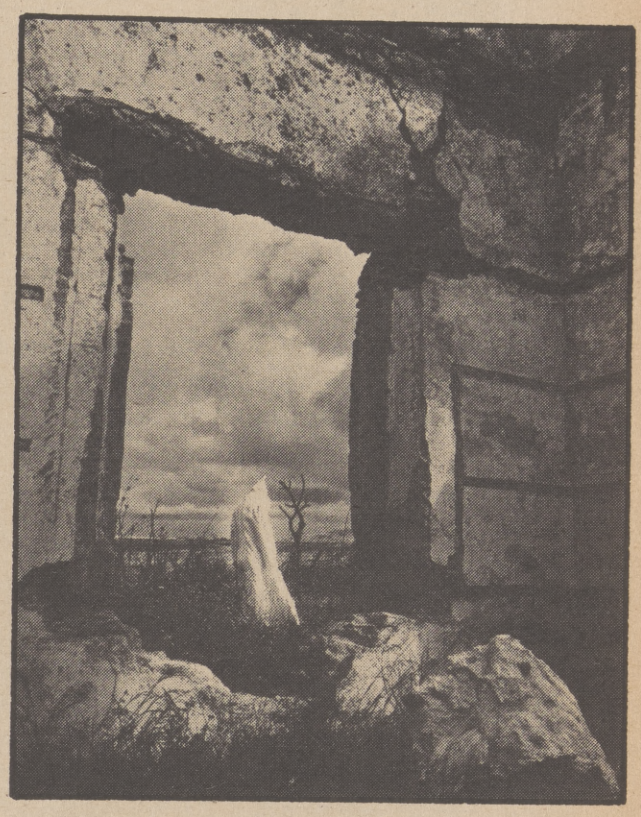
In addition to the above funds, $1,000 has been donated to include a memorial to Dr. Ralph Audy.

The Auxiliary Board responded to a recent appeal from the UC Hospitals Administration for financial support to transport patients who receive therapy at UCSF . . . cobalt and X-ray treatments, physiotherapy, etc. A gift of $2,500 was made for this emergency situation which developed at the close of the fiscal year.

Tom Walters

Mrs. Emma Bork, a Volunteer at UCSF, who creates wardrobes for dolls. She needs yarn and yard goods to start her fall designs.





Photos by Rick Preston. A selection of his works are in Moffitt Hospital Lobby on exhibit through the month of July.

The sensitive photography of Mr. Rick Preston is on exhibit through July in Moffitt Hospital Lobby. Mr. Preston, a native of Salt Lake City, has lived most of his life in California and is a resident of the Sunset District.

Interpretation of light and form or, in his own words . . . "the subject is the light itself. I see my photographs as light making a statement about the surface it is acting upon."

Most of Mr. Preston's black and white work is done with a wide-angle lens. Taking the photograph is part of the process of becoming familiar with whatever he is exploring within the camera's focus.

Whether it is a waterfall, the sea, a tree stump, or sand dunes, it is important, says Mr. Preston . . . "that the photograph will allow others to see a little of how I feel about it."

The exhibit is sponsored by the UC Hospitals Auxiliary and a percentage of the sales goes to their fund to help patients.

AUXILIARY MEMBERSHIP
application
U C HOSPITALS

Fill this out and Mail to:
Moffitt Hospital, U.C. San Francisco 94143

NAME_____

ADDRESS_____

Types of Membership:

ACTIVE .....$10 per year	CONTRIBUTING ...$25 per year
ALUMNI .....$10 per year	SUSTAINING .....$50 per year
VOLUNTEER (those active in volunteer service at UC Hospitals) .....$2 per year	PATRON .....$100 per year
STUDENT (open to all students and their spouses) ...$2 per year	SPONSOR .....$150 or more per year
	LIFE $500

Membership is tax deductible

Hospitals and Clinics: Synergy

A New Technique to X-Ray Brain

A new X-ray system to examine brain tissue will soon be available at UCSF. It is said to yield 100 times more information than conventional X-ray.
The most advanced X-ray system for examining brain tissue, an EMI scanner, is being installed by the Department of Radiology. It will be used at UCSF to diagnose brain tumors and other abnormalities, and to examine patients who have had strokes or head injuries. This new diagnostic service, expected to be in operation by May, will be available to any Northern California patient needing it.

Developed in England, the EMI scanner was first introduced in the United States in mid-1973 at the Mayo Clinic and at Massachusetts General Hospital. The precise, painless, and safe diagnostic method is said to yield 100 times more information on the nature and location of abnormalities than conventional X-ray. It uses a computer to recover vast amounts of information about the soft tissues of the body . . . information that is lost in conventional X-ray methods. This loss is due to super-imposition of three-dimensional information on the two-dimensional X-ray photo, and the insensitivity of traditional radiographic methods in general.

Because it has been difficult in the past to obtain a useful picture of soft tissues inside the body, one method used in taking X-rays of the brain has been to accent the vessels by injecting dyes or radioactive isotopes. This can cause discomfort and requires hospitalization of the patient having the X-ray examination.

The EMI scanner is based on a method called "computerized transaxial tomography," which measures the degree of absorption of the X-ray by various tissues. The method is fast, does not require injections or hospitalization, and the X-ray dose received by the patient is less than that used in current methods of X-ray diagnosis of the brain.

The patient may wear street clothes as he reclines on the examination table with his head encased in a rubber cap supported by the scanner unit. The cap projects into a box containing enough water to keep the cap snugly in place and prevent air from intercepting the X-ray beam.

When the radiologist activates the equipment from a control unit in the adjoining room, the scanner begins to move around the head in a 180-degree arc. X-ray beams, thin as pencil lead, pass from the X-ray tube on the scanner through the head in a series of one-third inch cross-sectional "slices." Each time the scanner advances, two adjacent slices are taken simultaneously and are detected on the opposite side of the arc by two sensing devices which always travel in alignment with the X-ray source.

As the scanner unit rotates around the head, the process is repeated for a total of 28,800 simultaneous readings by each of the two detectors. These equations are processed by a computer, and the calculations build a picture representing the X-ray absorption value of the material at each point in the slice. The picture, displayed on a television monitor, shows the minutely varying density of the tissues, and looks something like a needlepoint design in varying shades of gray and white. A polaroid camera attachment is used to photograph the image on the screen, and a diagram is obtained from the computer's line printer.

The system, being acquired at a cost of $350,000, plus $50,000 for room preparation is commercially available at present only from the English firm which developed it. EMI Ltd., is a member of the EMI group of companies producing electronics equipment, phonograph records, and entertainment. In the latter connection, incidentally, EMI was responsible for launching the famous Beatles! *Claire Wray*

Administration Specialist

Paul Kolsanoff

Linda Burns, a Resident in Hospital Administration, is utilizing her natural aptitude for business in her studies concerning administrative needs and techniques in the health care field.

Although more women enroll each year in hospital administration graduate courses, Linda Burns can be considered a trail blazer in her chosen field.

The trim M.A. candidate from the University of Michigan, Ann Arbor, is spending four months as a Resident in Hospital Administration at UCSF. In the fall she will return to Michigan for her final year of graduate studies.

Linda, who has reddish blonde hair and a natural aptitude for business management, earned her A.B. degree from Purdue University. An illness that caused her to be hospitalized as an undergraduate was the turning point that led her to seek a career in the health care field.

At UCSF, she's assigned primarily to the staff of the new Ambulatory Care Center, where she has been making an analysis of operating costs, charges, and billing procedures for a number of clinic services. Linda is also a regular participant in the mostly-male decision making conferences of the Hospitals and Clinics Directors and the Ambulatory Care Committee of the Medical Staff.

Her favorite leisure activities include swimming and karate.

New O.R. Director

Robert A. Derzon, Director, Hospitals and Clinics, has announced the appointment of Linda Wessel as Director of Operating Room Services, effective August 1.

A graduate of St. Luke's School of Nursing, Cedar Rapids, Iowa, Ms. Wessel began her nursing career in 1963 in the operating rooms of the University of Iowa Hospital, Iowa City. In 1967, she was appointed Clinical Supervisor, operating room, Michael Reese Hospital, Chicago. From 1970-73, she served as Director, operating and recovery rooms, Michael Reese Hospital. For the past year, she has been Director of the operating rooms of the Medical Center of Central Georgia, Macon, Georgia.

Ms. Wessel has held office in a number of professional societies and has been active in public relations for professional nursing activities. She has authored numerous articles and papers on operating room nursing and management. In her most recent position, she developed an innovative program of pre-operative orientation for surgery patients.

In announcing the appointment, Mr. Derzon expressed thanks to Betty Tsung who will continue as Acting Director of Operating Room Services until Ms. Wessel's arrival.

Chaplain Receives Degree

Reverend Elmer Laursen, Director of Chaplaincy Services at the University of California Hospitals since 1960, has recently been awarded the Doctor of Ministry degree by Andover Newton Theological School, Newton Centre, Massachusetts. He received his Master of Theology degree at the same institution in 1953.

A Fellow of the College of Chaplains of the American Protestant Hospital Association, Dr. Laursen is supervisor of Clinical Pastoral Education at UCSF's hospitals. He has had more than 400 students . . . Protestant and Catholic . . . in both full and part-time Clinical Pastoral Education under his direction since 1961.

Annual Emergency Course

On September 12 through 14, Michael W. Chapman, M.D., Chief of Orthopedic Surgery at SFGH, will be the chairman of the Annual Advanced Course on Emergency Care and Transportation of the Sick and Injured. The course, given at the UCSF campus, is sponsored by the American Academy of Orthopedic Surgeons. Qualified Emergency Medical Technicians and emergency room nurses may obtain registration information by writing to Ms. Renee Vandergrift, 2663 - 20th Avenue, San Francisco, CA 94116.

SFGH

SFGH and Treatment of Respiratory Diseases

For over a century, San Francisco General Hospital has had a reputation as a center for the treatment of respiratory diseases.

Initially, efforts were directed mainly toward the conquest of tuberculosis. Today, patients in the 26 bed Chest Unit receive the most advanced treatment for asthma, pneumonia, emphysema, chronic obstructive lung disease, and lung cancer as well as tuberculosis.

A six-bed Respiratory Intensive Care Unit provides special care for patients who are seriously ill from these chest diseases as well as smoke inhalation, drowning, pulmonary edema, and respiratory failure related to drug overdose and other medical problems.

Before modern antibiotics brought tuberculosis under control, SFGH and the Health Department's Hassler Health Home on the Peninsula, were San Francisco's only facilities for inpatient treatment of this infectious disease. Tuberculosis was, for years, the leading cause of death in the United States, and one reason why the Potrero neighborhood was selected in 1909 for the hospital's permanent site was the sunny weather and relative absence of wind and fog.

In those days, tuberculosis treatment consisted mainly of sunshine, fresh air, nourishing food, and long convalescence. Later, collapsing the patients' lung and rib cage became common procedures. Control of the disease by antituberculosis drugs began in the mid 1940's.

As recently as 1961, more than 500 TB patients were being admitted to the hospital annually and remained for an average of one year. Today, there are seldom more than ten acutely ill tuberculosis patients in the Chest Unit and the average length of stay is about one month.

Nonetheless, tuberculosis is still a serious health problem in San Francisco. The Health Department reported 315 new cases in 1972-73, primarily among middle-aged and elderly persons and recent immigrants. However, most patients respond promptly to anti-tuberculosis drugs and can return to the community without endangering others, reports Dr. Austin Brewin, Director of the TB Unit within the Chest Service.

These patients receive follow-up treatment in the SFGH outpatient Chest Clinic and at the Health Department's neighborhood health centers. The network of outpatient clinics for care of patients with tuberculosis was started by San Francisco Director of Public Health, Dr. Francis J. Curry, who is a nationally known authority on tuberculosis control. San Francisco's system has served as a model program for other large cities in the United States with a tuberculosis problem.

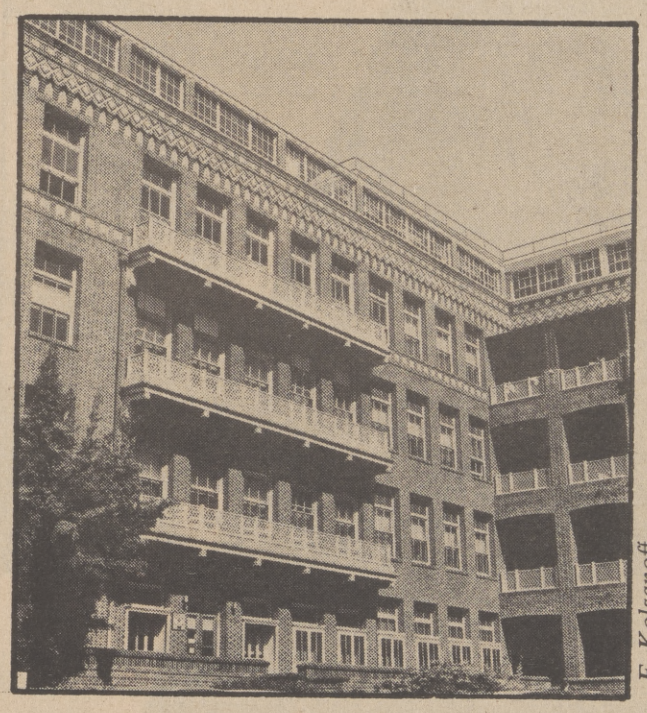
The Chief of the SFGH Chest Service is Dr. John F. Murray, UCSF Professor of Medicine, senior member of the UCSF Cardiovascular Research Institute, and head of the Training Program in Pulmonary Disease at SFGH. In 1973, Dr. Murray began a five-year term as editor of "The American Review of Respiratory Diseases," the official journal of the American Thoracic Society, and the editorial offices of the journal were moved from New York to San Francisco.

Besides the inpatient facilities and chest clinic, the Chest Service has a large pulmonary function laboratory with the latest diagnostic equipment. The activities of the service are carried out by fourth year medical students, interns, medical residents, and postdoctoral fellows. Under supervision of Dr. Murray and other full-time faculty members, Dr. Allen B. Cohen, Dr. Phillip Hopewell and Dr. Brewin, many procedures are utilized for the diagnosis and treatment of patients and the prevention of chest diseases.

Six trainees are admitted each year to the UCSF Training Program in Pulmonary Disease, leading to board certification; two trainees are always assigned to the Chest Service at SFGH. During the second year of the two year program, one or more is involved in basic or clinical research at SFGH. The trainees often continue in the program for a third year of experience.

The nurses of the Chest Service have their own in-service training program in critical care techniques, and have participated in a program to train the City ambulance stewards in handling respiratory emergencies.

Claire Wray



E. Kolsanoff

The four-story, red brick building which has housed the SFGH Chest Service, including the TB Unit, for many years, is scheduled for demolition. It was built with balconies to take advantage of fresh air and sunshine, then considered essential for the recovery of patients with respiratory problems.

SFGH Attracts Interns

Once again this year, the SFGH medical training program has attracted some of the nation's best qualified candidates for internships.

W. McFate Smith, M.D., the hospital's Medical Director, and Associate Dean, UCSF School of Medicine, reports that applications for the 1974-75 internship training program, which begins in July, were received from 910 graduates representing 99 different medical schools.

The 41 available spaces in the program were filled from among these applicants. Candidates are chosen by means of a highly competitive "matching" process, in which prospective interns rank various training hospitals in the order of their preference, and the faculties of the training hospitals, in turn, rank the candidates according to their qualifications. Final results are determined by data processing at the National Intern Matching Program, Evanston, IL.

Of the 636 students who applied for internships in the SFGH academic Division of Medicine, twelve positions were filled from the top 32 applicants ranked by the Medical Service. Eight Family Practice interns were matched from the top 12 of 73 applicants ranked by the Family Practice program. Both of these were new records for the SFGH medical training program.

HONORS

W. McFate Smith, M.D., Associate Dean and Medical Director, SFGH, and Director, U.S. Public Health Service Cooperative Studies on Hypertension and Renal Disease, was one of 24 specialists to take part in the recent "Hypertension Hotline." During a 48-hour period, physicians all over the United States called a toll free number in Houston, Texas, to ask the specialists questions on the management of patients with hypertension. Recently, Dr. Smith also gave postgraduate lectures on hypertension at the University of Pittsburgh Medical School, and Washington University Medical School, St. Louis.

George Sheldon, M.D., Frank Lewis, M.D., of the SFGH Surgery Service, and Robert Allen, M.D., of the City Emergency Service, were co-authors of a paper presented at the University Association of Emergency Medical Services in Dallas. Dr. Sheldon has been elected to membership in the Society of University Surgeons.

Charles Becker, M.D., Robert Roe, M.D., and Judith Luce, and other members of the SFGH Division of Clinical Pharmacology, are co-authors of a paper on the potential of sedative hypnotic drugs in treating alcoholics. It was presented at the recent International Symposium on Alcohol in Denver.

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Inside

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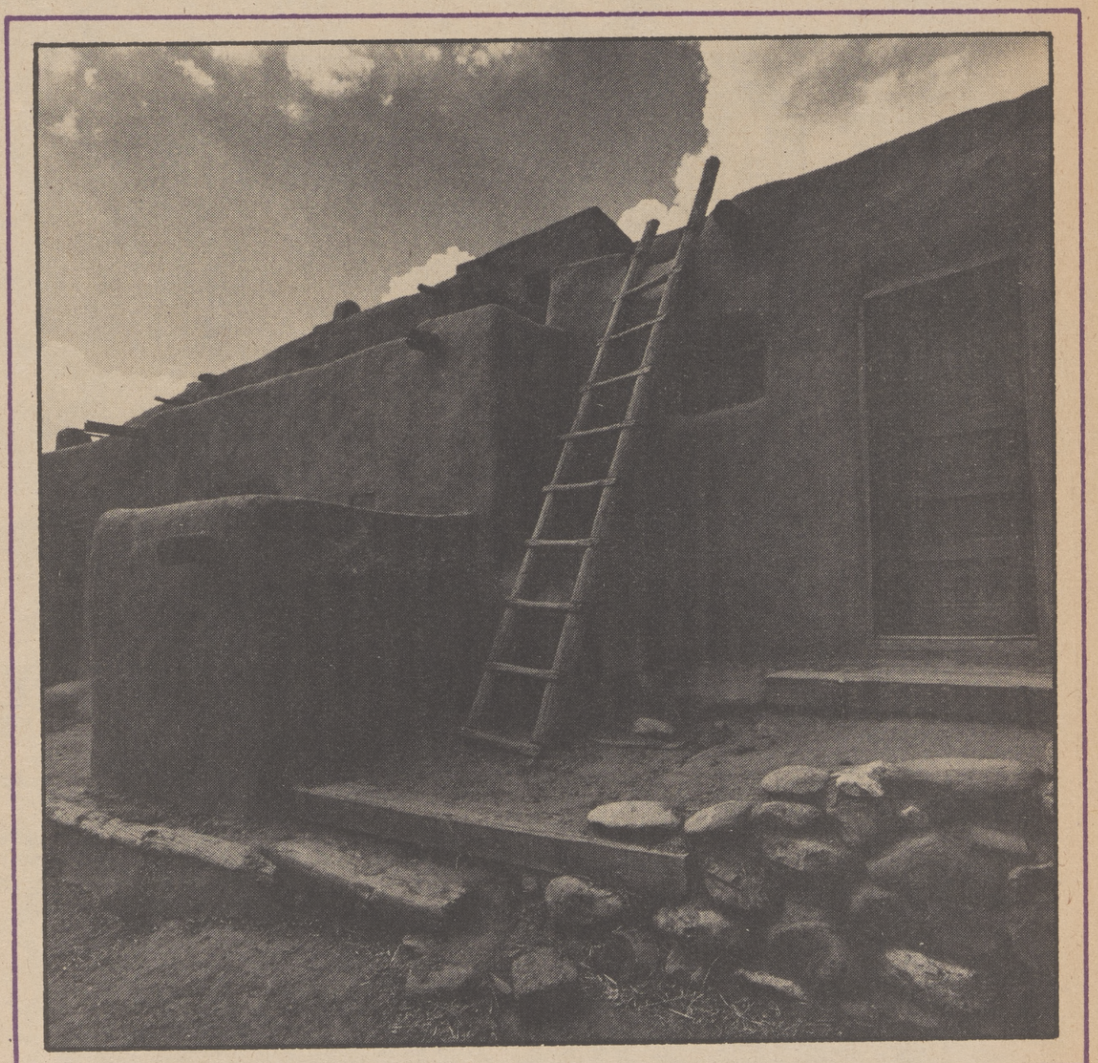

Photo by Rick Preston (see page 13)